CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Meaningful Use

UERMMMC Medical Alumni Association Meeting

July 17, 2015

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Topics

- Proposed Rule: Modifications to Meaningful Use in 2015 through 2017
- Proposed Rule for Stage 3 of Meaningful Use
- Road to ICD-10
- Resources

Proposed MU Stage Timeline

First Year MU	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021+
2011	1	1	1	2*	2	2	2 or 3	3	3	3	3
2012		1	1	2*	2	2	2 or 3	3	3	3	3
2013			1	1*	2	2	2 or 3	3	3	3	3
2014				1*	1	2	2 or 3	3	3	3	3
2015					1	1	1,2,3	3	3	3	3
2016						1	1,2,3	3	3	3	3
2017							1,2,3	3	3	3	3
2018 +								3	3	3	3

Proposed Rule: Modifications to Meaningful Use in 2015 through 2017

- Issued by CMS on April 10, 2015, comment period closed June 9, 2015
- Aligns Stage 1 and Stage 2 objectives and measures with long-term proposals for stage 3 (2018)
- Reduces complexity, eliminates some objectives/measures, simplifies reporting for 2015, 2016 and 2017
- Focuses on advanced use of certified EHR technology to support health information exchange

Proposed Rule: Modifications to Meaningful Use in 2015 through 2017

- Proposing to move all providers (EPs, EHs, and CAHs) to a reporting period based on the calendar year in 2015
- Reporting periods for all providers in 2015 reduced; and reporting periods for new participants in 2015 and 2016 also addressed
- Providers no longer to attest to objectives that have been identified to have reduced utility because they are redundant, duplicative or have "topped out"

Proposed Rule: Modifications to Meaningful Use in 2015 through 2017

Objectives and Measures Which Are Redundant, Duplicative or Topped Out

Objectives/Measures	EPs	EHs/CAHs
Record Demographics	✓	✓
Record Vital Signs	✓	✓
Record Smoking Status	✓	✓
Clinical Summaries	✓	
Structured Lab Results	✓	✓
Patient List	✓	✓
Patient Reminders	✓	
Summary of Care: Measure 1- Any Method; Measure 3- Test	✓	✓
Electronic Notes	✓	
Imaging Results	✓	
Family Health History	✓	
eMAR		✓
Advanced Directives		✓
Structure Labs to Ambulatory Providers		✓

Proposed Rule: Modifications to Meaningful Use in 2015 through 2017

- For all providers in 2015 only, reporting period is any continuous 90-day period in calendar year 2015
  - For EPs: January 1- December 31, 2015
  - For EHs/CAHs: October 1, 2014- December 31, 2015
- Starting in 2016, EPs, EHs, and CAHs that have not successfully demonstrated MU previously and are first-time participants: any continuous 90-day period in calendar year 2016
  - All returning participants in 2016 report for the full calendar year in 2016
  - 2017 reporting requirements addressed in Stage 3 proposed rule

Proposed Rule: Modifications to Meaningful Use in 2015 through 2017

- Proposing to require all providers to meet a single set of objectives/measures for 2015 reporting period
- Proposing accommodations within individual objectives for providers in different stages of MU
- Includes:
  - Retaining different specifications between Stage 1 and Stage 2
  - Allowing special exclusions for certain objectives or measures for EPs previously scheduled for Stage 1 in 2015

Proposed Rule: Modifications to Meaningful Use in 2015 through 2017

- Proposing changes to Patient Engagement Requirements for 2015-2017
  1. Patient Action to View, Download or Transmit (VDT)Health Information:
     - **Remove the 5 percent threshold** for Measure 2 from the EP and EH/CAH Patient Electronic Access (VDT) objective; **instead require at least 1 patient** seen by EP or discharged from hospital during reporting period views, downloads or transmits health info to a third party
  2. Secure Messaging Using CEHRT:
     - **Convert** measure for Stage 2 EP secure messaging objective **from the 5 percent threshold to a yes/no attestation** to the statement: "The capability for patients to send and receive a secure electronic message was enabled during the EHR reporting period."

Proposed Rule: Modifications to Meaningful Use in 2015 through 2017

Proposed Objectives for 2015, 2016, and 2017

Objectives/Measures	EPs	EHs/CAHs
CPOE	✓	✓
Electronic Prescribing	✓	✓
Clinical Decision Support	✓	✓
Patient Electronic Access (VDT)	✓	✓
Protect Electronic Health Information	✓	✓
Patient Specific Education	✓	✓
Medication Reconciliation	✓	✓
Summary of Care	✓	✓
Secure Messaging	✓	
Public Health	✓	✓

Proposed Rule: Modifications to Meaningful Use in 2015 through 2017

- Proposed changes to attestation deadlines for EHs/CAHs due to alignment to calendar year reporting
  - For the 2015 EHR reporting period, EH/CAH must attest by February 29, 2016
  - For the 2016 EHR reporting period, EH/CAH must attest by February 28, 2017
- For the 2015 reporting period, providers would not be able to attest until January 1, 2016, regardless of the 90-day reporting period that is chosen by the provider

Proposed Rule for Stage 3 of Meaningful Use

- Proposed rule was published in the Federal Register on March 30, 2015
- Comment period closed May 29, 2015
- Stage 3 is expected to be the final stage
- Following a proposed optional year in 2017, beginning in 2018 all providers would report on the same definition of MU at the Stage 3 level regardless of prior participation
- All participants in the EHR Incentive Program will use a single stage of meaningful use in 2018

Proposed Rule for Stage 3 of Meaningful Use

- Encourages electronic submission of clinical quality measures (CQM) in 2017
- Requires the electronic submission of clinical quality measures (CQM) in 2018
- All providers in their first year of demonstrating meaningful use would report on a calendar year EHR reporting period beginning in calendar year 2017
  - Exception: Medicaid providers in their first year of demonstrating meaningful use

Proposed Rule for Stage 3 of Meaningful Use

- Proposing a set of 8 objectives with associated measures
- Proposing that clinical quality measures in Stage 1 and Stage 2 final rules that included paper-based workflows, chart abstraction, or other manual actions will be removed or transitioned to an electronic format utilizing EHR functionality for Stage 3
  - Optional electronic CQM data submission for 2017; required beginning in 2018
- Proposing that alignment between the Medicare and Medicaid EHR Incentive Programs and other CMS quality reporting programs such as PQRS and Hospital IQR be addressed in future rulemaking

Proposed Rule for Stage 3 of Meaningful Use

Proposed Objectives for Stage 3

Objectives/Measures	EPs	EHs/CAHs
Protect Patient Health Information	1 measure	1 measure
Electronic Prescribing	1 measure	1 measure
Clinical Decision Support	2 measures	2 measures
CPOE	3 measures	3 measures
Patient Electronic Access to Health Information	2 measures	2 measures
Coordination of Care through Patient Engagement	3 measures (2 options for measure #1)	3 measures (2 options for measure #1)
Health Information Exchange	Attest to 3 measures, meet thresholds for 2 of those measures	Attest to 3 measures, meet thresholds for 2 of those measures
Public Health and Clinical Data Registry Reporting	Choose 3 of 5 measures and successfully attest	Choose 4 of 6 measures and successfully attest

Proposed Rule for Stage 3 of Meaningful Use

- Stage 3 eCQM measure sets and reporting requirements will be published annually in the IPPS rulemaking process for EHs; and in the PFS rulemaking process for EPs
- Attestation will be an eCQM reporting option for Medicare Meaningful Use in 2017, but EPs, EHs, and CAHs must eReport eCQMs starting in 2018 unless they demonstrate circumstances that don't allow them to eReport
- CMS will publish eCQM reporting requirements for Meaningful Use in the Physician Fee Schedule rulemaking for 2017 and subsequent years
- Medicaid eCQM reporting requirements would continue to be determined by the states, subject to CMS approval

2015 Incentive Payments and 2017 Payment Adjustments

	PQRS	Value Modifier					EHR Incentive Program			Total Medicare Payment Adjustments at Risk for Non-Participation in PQRS and Meaningful Use in 2017
		2-9 EPs & solo		10+ EPs						
	Pay Adj (2017)	PQRS-Reporting (2017)	Non-PQRS Reporting (2017)	PQRS-Reporting (Up or Neutral Adj) (2017)	PQRS-Reporting (Down Adj) (2017)	Non-PQRS Reporting (2017)	Medicare Inc. (2015)	Medicaid Inc. (2015)	Medicare Pay Adj (2017)	
MD & DO	-2.0% of MPFS	+2.0 (x), +1.0(x), or neutral	-2.0% of MPFS	+4.0 (x), +2.0(x), or neutral	-2.0% or -4.0% of MPFS	-4.0% of MPFS	$4,000-$12,000 (based on when EP 1st demo MU)	$8,500 or $21,250 (based on when EP did A/I/U)	-3.0% of MPFS	Physicians in groups of 2-9 EPs & Solo physicians: -7.0%
DDM								$8,500 or $21,250 (based on when EP did A/I/U)		
Oral Sur										
Pod.								N/A		Physicians in groups of 10+ EPs: -9.0%
Opt.										
Chiro.										

2015 Incentive Payments and 2017 Payment Adjustments

	PQRS	Value Modifier	EHR Incentive Program			Total Medicare Payment Adjustments at Risk for Non-Participation in PQRS and Meaningful Use in 2017
	Pay Adj. (2017)	Groups of 2+ EPs	Medicare Inc.	Medicaid Inc. (2015)	Medicare Pay Adj. (2017)	
Practitioners						
Physician Assistant	-2.0% of MPFS	EPs included in the definition of "group" to determine group size for application of the value modifier in 2017 (2 or more EPs). In 2017, VM only applies to payments made to physicians under the MPFS; beginning in 2018, VM will also apply to non-physician EPs	N/A	$8,500 or $21,250 (based on when EP did A/I/U)	N/A	-2.0% of MPFS
Nurse Practitioner						
Clinical Nurse Specialist				N/A		
Certified Registered Nurse Anesthetist						
Certified Nurse Midwife				$8,500 or $21,250 (based on when EP did A/I/U)		
Clinical Social Worker				N/A		
Clinical Psychologist						
Registered Dietician						
Nutrition Professional						
Audiologits						
Therapists						
Physical Therapist	-2.0% of MPFS	See above	N/A	N/A	N/A	-2.0% of MPFS
Occupational Therapist						
Qualified Speech-Language Therapist						

ICD-10: Now Is the Time To Get Ready

5 Steps to Transition to ICD-10

1. Make a Plan
2. Train Your Staff
3. Update Your Processes
4. Talk to Your Vendors and Payers
5. Test Your Systems and Processes

"Road to 10" CMS Website

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Road to 10: The Small Physician Practice's Route to ICD-10

Home | Build Your Action Plan | Events

- ICD-10 Overview
- Physician Perspectives
- Webcasts
- FAQ
- Quick References
- Template Library
- Events
- **BUILD YOUR ACTION PLAN**

On July 31st, 2014, the U.S. Department of Health and Human Services (HHS) issued a rule finalizing Oct. 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases. This deadline allows providers, insurance companies and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on Oct. 1, 2015.

CMS has created "Road to 10" to help you jump start the transition to ICD-10.

Built with the help of small practice physicians, "Road to 10" is a no-cost tool that will help you:

- Get an overview of ICD-10 by accessing the links on the left
- Explore Specialty References by selecting a specialty below
- Click the BUILD YOUR ACTION PLAN box to create your personal action plan

To get started and learn more about ICD-10, navigate through the links on the left side of the page. If you're ready to start building an action plan, select the BUILD YOUR ACTION PLAN box.

10 Facts about ICD-10

1. Transition date is October 1, 2015
2. You don't have to use 68,000 codes
3. You will use a similar process to look up ICD-10 codes that you use with ICD-9
4. Outpatient and office procedure codes aren't changing
5. All Medicare FFS providers can test with CMS before the transition

10 Facts about ICD-10

6. If you cannot submit ICD-10 claims electronically, Medicare offers several options:

   - Free billing software
   - MAC provider Internet portals
   - Paper claims, if waiver provisions are met

10 Facts about ICD-10

7. Practices that do not prepare for ICD-10 will not be able to submit claims for services performed on or after October 1, 2015

8. Reimbursement for outpatient and physician office procedures will not be determined by ICD-10 codes

9. Costs could be substantially lower than projected earlier

Where to Call for Help

- **QualityNet Help Desk:**
  - 866-288-8912 (TTY 877-715-6222)
  - 7:00 a.m.–7:00 p.m. CST M-F or **qnetsupport@hcqis.org**
  - You will be asked to provide basic information such as name, practice, address, phone, and e-mail
- **Provider Contact Center:**
  - Questions on status of 2013 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)
  - See *Contact Center Directory* at http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip
- **Medicare EHR Incentive Program Information Center:**
  - 888-734-6433 (TTY 888-734-6563)
- **ACO Help Desk via the CMS Information Center:**
  - 888-734-6433 Option 2 or cmsaco@cms.hhs.gov
- **Comprehensive Primary Care (CPC) Initiative Help Desk:**
  - 800-381-4724 or cpcisupport@telligen.org
- **Physician Value Help Desk (for VM questions)**
  - Monday – Friday: 8:00 am – 8:00 pm EST
  - Phone: 888-734-6433, press option 3
- **Physician Compare Help Desk**
  - Email: PhysicianCompare@westat.com

Online Resources

- **2015 MPFS Final Rule**
  https://s3.amazonaws.com/public-inspection.federalregister.gov/2014-26183.pdf
- **CMS PQRS Website**
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS
- **Medicare and Medicaid EHR Incentive Programs**
  http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms
- **Medicare Shared Savings Program**
  http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html
- **CMS Value-based Payment Modifier (VM) Website**
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedback Program/ValueBasedPaymentModifier.html
- **Physician Compare**
  http://www.medicare.gov/physiciancompare/search.html
- **MLN Connects™ Provider eNews**
  http://cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html
- **PQRS Listserv**
  https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_520
- **ICD-10: Road to 10**
  http://www.roadto10.org/

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